Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period from 07/15/2020	Date of election if applicable: (Month, Day, Year)	City Clerk's Office OCT 222020	Page of For Official Use Only
EE INSTRUCTIONS ON REVERSE	through 09/20/2020	11/03/2020	RECEIVED	
. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure Committee Controlled Sponsored Iso Complete Part 6 rimarily Formed Candidate/ Officeholder Committee Iso Complete Part 7	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b) filling as requested by ci	ermination) elow)	erly Statement al Odd-Year Report
. Comminge mormanoa - I -	NUMBER ending	Treasurer(s)	<i>₩</i>	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
ELECT SURAJ VISWANATHAN FOR CITY COUN	CIL 2020	SURAJ VISWANATHAN	1	
		1461 N MILPITAS BLVD)	
STREET ADDRESS (NO P.O. BOX)		CITY	- STATE ZIP CO	DE AREA CODE/PHONE
1461 N MILPITAS BLVD		MILPITAS	CA 9503	4088986537
CITY STATE ZIP COI		NAME OF ASSISTANT TREASUR	RER, IF ANY	
MILPITAS CA 95035 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	4088986537			
		MAÏLING ADDRESS		
1461 N MILPITAS BLVD CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL FAX / E-MAIL ADDRESS	<u></u>	OPTIONAL: FAX / E-MAIL ADDRE	FSS	
SURAJFORMILPITAS@GMAIL.COM		SURAJFORMILPITAS@(
Verification		SOLVAL ORMITE! LIVE	SWIAIL,COM	
I have used all reasonable diligence in preparing and reviewin	g this statement and to the best of my kr	nowledge the information contained	herein and in the attached sche	edules is true and complete. I
certify under penalty of perjury under the laws of the State of 0				
Executed on 10/05/2020 Date	Ву	Signature of Treasurer or Assistant	Treesurer	
Executed on 10/05/2020 Date	BySignature of control	12/11	oponent or Responsible Officer of Sponsor	
Executed onDate	BySig	nature of Controlling Officeholder, Candidate, S	State Measure Proponent	_
Executed on	BySig	nature of Controlling Officeholder, Candidate, S	State Measure Proponent	_

FPPC Form 460 (Jan/2016))

COVER PAGE

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule Monetary	A Contributions Received		nts may be rounded whole dollars.	Statement co. from <u>07/15/2020</u>		california 460		
SEE INSTRUCTION	ONS ON REVERSE			through <u>09/20/20</u>)20	Page	of	
NAME OF FILER ELECT SUR	AJ VISWANATHAN FOR CITY COUNCIL 2020					I.D. NU	IMBER ING	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT CUMULATI RECEIVED THIS CALEND PERIOD (JAN. 1		YEAR	PER ELECTION TO DATE (IF REQUIRED)	
09/20/2020	ANDREW AU 1612 HIDDEN CREEK LANE MILPITAS CA 95035	☑IND □COM □OTH □PTY □SCC	PROJECT MANAGER HERRERO	\$250				
09/20/2020	VIVIAN LI 1612 HIDDEN CREEK LANE MILPITAS CA 95035	☑IND □COM □OTH □PTY □SCC	SUN'S MARKET OWNER	\$250				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL S	500				
Amount re (Include al	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)	******************			IND COI OTH	(other	ient Committee than PTY or SCC) (e.g., business entity)	

3. Total monetary contributions received this period.

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SCC - Small Contributor Committee

			4.4				SCHED	ULE B - PART 1		
schedule B – Part 1 oans Received					Statement coverage from 07/15/2020	•	CALIFORN FORM	california 460		
EE INSTRUCTIONS ON REVERSE AME OF FILER LECT SURAJ VISWANATHAN FOR CITY	COUNCIL 2020				through <u>09/20/20</u>)20	Page I.D. NUMBER PENDING	of		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE. ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTION: TO DATE		
SURAJ VISWANATHAN 1461 N MILPITAS BLVD MILPITAS CA 95035	RENEGADE CRICKET SELF	s	s_45000	PAID \$ 0 FORGIVEN \$ 0	s 45000 DATE DUE	O RATE	\$ 45000 07/20 DATE INCURRED	\$ 54009 PER ELECTION		
SURAJ VISWANATHAN 1461 N MILPITAS BLVD MILPITAS CA 95035	RENEGADE CRICKET SELF	0 s	9009 s	s 0 FORGIVEN	S 9009	0 % s 0	\$ 9009 08/14 DATE INCURRED	\$ 54009 PER ELECTION*		
□ IND □ COM □ OTH □ PTY □ SCC		s	s	PAID S FORGIVEN S FORGIVEN	S	% RATE	\$ DATE INCURRED	S PER ELECTION		
		SUBTOTALS S	54009	\$	\$ 54009	\$				
Construction (c) plus unitemized loar Loans paid or forgiven this period (Total Column (b) plus unitemized loar Loans paid or forgiven this period (Total Column (c) plus loans under \$10	ns of less than \$100.)			\$	009	-	†Contributor Codes IND – Individual COM – Recipient C			

(Include loans paid by a third party that are also itemized on Schedule A.)

Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

(May be a negative number)

54009

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

PTY - Political Party

(other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

COVER	
LUVER	PAISE

Recipient Committee Date Stamp **CALIFORNIA Campaign Statement FORM Cover Page** City Clerk's Office Page Statement covers period Date of election if applicable: OCT 22 2020 (Month, Day, Year) For Official Use Only from 09/20/2020 RECEIVED 11/03/2020 through 10/17/2020 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement **Quarterly Statement** State Candidate Election Committee Semi-annual Statement Committee Special Odd-Year Report Recall Controlled Termination Statement (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Small Contributor Committee Officeholder Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) PENDING COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020 SURAJ VISWANATHAN MAILING ADDRESS 1461 N MILPITAS BLVD STREET ADDRESS (NO P.O. BOX) ZIP CODE STATE AREA CODE/PHONE 1461 N MILPITAS BLVD **MILPITAS** CA 95035 4088986537 STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY **MILPITAS** CA 95035 4088986537 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS 1461 N MILPITAS BLVD ZIP CODE AREA CODE/PHONE CITY ZIP CODE STATE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS SURAJFORMILPITAS@GMAIL.COM 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	10/21/2020	
		Date
Executed on	10/21/2020	
EXCOCIOG OII	3	Date
Executed on .		
		Date
Executed on .		Dolo

0,09	ong is the different constant
Bv	
′ –	Signature of Treasurer or Assistant Treasurer
Ву	1/1/
•	Signature of Controlling Officeholder, Calernate, State Measure Proponent or Responsible Officer of Sponsor
Rv_	
-, —	Signature of Controlling Officeholder, Candidate, State Measure Proponent
Bv	
□у —	Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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CALIFORNIA FORM	460
I OITH	

Page 2 of 5

Officeholder or Candidate Controlled Comm	ittee			6.	. Pr	imarily Formed Ballo	ot Measure (Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NA	ME OF BALLOT MEASURE				
SURAJ VISWANATHAN										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER IF	APPLIC	CABLE)		84	LLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
CITY COUNCIL, CITY OF MILPITAS					_					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP		ld	entify the controlling offic	sholder candid	lata orstata	messure nron	onent if any
1461 N MILPITAS BLVD	MILPITAS	CA	95035		_	ME OF OFFICEHOLDER, CA			measure prop	oneni, ii any.
Related Committees Not Included in this Stanot included in this statement that are controlled by you o contributions or make expenditures on behalf of your cand	r are primarily fo				ŌF	FICE SOUGHT OR HELD			DISTRICT NO	IF ANY
NAME OF TREASURER	I.D. NUMBER	СОММ	ITTEE?	7.	7. Pi	rimarily Formed Can	didate/Office	eholder Co	ommittee Lis	st names of d.
	YEŞ	NO)		_			T		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	вох)				N.A	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
		REA CO	DE/PHONE		N/	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER				NA	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOI	UGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLE	COMM NO			N.A	ME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	BOX)				_			<u> </u>		OPPOSE
CITY STATE ZIP (CODE A	REA CO	DE/PHONE			Att	ach continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

Summary Page	to whole dollars. State $\frac{09}{}$			nent covers period 0/2020	FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020			through 10	0/17/2020	Page of I.D. NUMBER PENDING
Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ \frac{0}{0} \\	\$\frac{1000}{54009}\$\$ \$\frac{55009}{0}\$\$	YEAR DATE	Running in Both th General Elections 1/1 ti 20. Contributions Received \$ 21. Expenditures	mary for Candidates e State Primary and hrough 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made	\$\frac{14277.44}{0}\$ \$\frac{14277.44}{0}\$ \frac{0}{0}\$ \$\frac{14277.44}{14277.44}\$	\$\frac{52679.44}{0}\$ \$\frac{52679.44}{0}\$ \frac{0}{0}\$ \$\frac{52679.44}{52679.44}\$			Summary for State ve Expenditures Made* voluntary Expenditure Limit) Total to Date
Current Cash Statement 12. Beginning Cash Balance	0 0 14277.44 2329.56	add amounts in C A to the correspo amounts from Co of your last repor amounts in Colur be negative figure should be subtrac previous period a this is the first ref filed for this caler only carry over the	to calculate Column B, dd amounts in Column and to the corresponding mounts from Column B f your last report. Some mounts in Column A may e negative figures that hould be subtracted from revious period amounts. If his is the first report being led for this calendar year, only carry over the amounts on Lines 2, 7, and 9 (if		\$may be different from amounts
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0</u> \$ <u>54009</u>	from Lines 2, 7, a any).	וו) פּ טווג	FPPC Advice: ad	FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule E Payments Made	Amounts may be rounded to whole dollars.			Statement cover from 09/20/2020	CALII	SCHEDULE FORNIA 460 ORM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020				through <u>10/17/202</u>	Page . I.D. NU PENI	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads			RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	me candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
PRINTPAPA 1920 LAFAYETTE STREET, UNIT L SANTA CLARA, CA 95050		LIT POS				\$7097
PARAMOUNT COMMUNICATIONS P.O.BOX 88 HOLISTER, CA 95023		PRT CNS				\$3837.44
BAY AREA NEWS GROUP		PRT				\$2678

Schedule E Summary

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

WILLOUGHBY, OH 44096

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

SUBTOTAL \$ 13612.44

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period 09/20/2020 from	CALIFORNIA 460
through <u>10/17/2020</u>	Page 5 of 5
 -	I.D. NUMBER
	PENDING

ELECT SURAJ VISWANATHAN FOR MILPITAS CITY COUNCIL 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PET FIL candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals PHO TRS staff/spouse travel, lodging, and meals polling and survey research FND fundraising events POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* PRO professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads LIT campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	CODE	OR DESCRIPTION OF PAYMENT AMOUNT PAI
CALLFIRE ONLINE SERVICE		DIALER SERVICE 280
VERTICAL RESPONSE 550 KEARNY STREET, #710 SAN FRANCISCO, CA 94108	LIT	160
RJAY DILAN JAUREZ 412 DELLBROOK AVE SOUTH SAN FRANCISCO, CA94080	PRT	225

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 665

De electron Committee				COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period from 07/15/2020	Date of election if applicable: (Month, Day, Year)	City Clerk's Office OCT - 1 2020	Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>09/20/2020</u>	11/03/2020	RECEIVED	
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall [Also Complete Part 5] General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored [Also Corrplete Part 6] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	nt S t Termination)	quarterly Statement pecial Odd-Year Report
3 Committee Information		Treasurer(s) NAME OF TREASURER SURAJ VISWANATHA MAILING ADDRESS	N Molowfon	Rhod
STREET ADDRESS (NO P.O. BOX) LIFE STATE ZIP CO		MILPITAS NAME OF ASSISTANT TREASUR	CA 9	P CODE ARBA CODE PHONE 4088986537
MILPITAS CA 950 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO		MAILING ADDRESS		
CITY STATE ZIP C	DDE AREA CODE/PHONE	CITY	STATE ZIF	PCODE AREA CODE/PHONE
OPTIONAL FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	
SURAJFORMILPITAS@GMAIL.COM 4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on O9/24/2020 Executed on O9/24/2020 Executed on Date Executed on Date Executed on Date	f California that the foregoing is true and By By Signature of Cap By	Signature of Controlling Officeholder, Candidate.	roponent or Responsible Officer of Sp State Measure Proponent	
Date		Signature of Controlling Officeholder, Candidate.	State Measure Proponent	EDDC Form 460 (lon/2016))

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM

Page Z of 13

Officeholder or Candidate Controlled Committee			6. Primarily Formed Ballot Measure Committee					
ATE		NAME OF BALLOT MEASURE						
OCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	sı	UPPORT		
PITAS					01	PPOSE		
O. AND STREET) CITY STATE ZIP		Identify the controlling offic	eholder, candi	date, or state measu	ге ргороле	ent, if any.		
		NAME OF OFFICEHOLDER, C.	ANDIDATE, OR F	PROPONENT				
uded in this Statement: List any committees controlled by you or are primarily formed to receive behalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTR	ICT NO. IF A	ANY		
I.D. NUMBER								
	_							
CONTROLLED COMMITTEE? YES NO	7,	Primarily Formed Can officeholder(s) or candidate(s	s) for which this	committee is primaril	ly formed.	ames of		
	7,	Primarily Formed Can officeholder(s) or candidate(s)	s) for which this	office sought of	ly formed.	SUPPORT OPPOSE		
YES NO ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE		officeholder(s) or candidate(s	s) for which this	committee is primaril	ly formed.	SUPPORT		
YES NO ADDRESS (NO P.O. BOX)		officeholder(s) or candidate(s)	R CANDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT OPPOSE SUPPORT		
	PITAS O. AND STREET) CITY STATE ZIP Ided in this Statement: List any committees controlled by you or are primarily formed to receive behalf of your candidacy.	PITAS O AND STREET) CITY STATE ZIP Ided in this Statement: List any committees controlled by you or are primarily formed to receive behalf of your candidacy. I.D. NUMBER	DOCATION AND DISTRICT NUMBER IF APPLICABLE) PITAS D. AND STREET) CITY STATE ZIP Identify the controlling office NAME OF OFFICEHOLDER, C. Ided in this Statement: List any committees controlled by you or are primarily formed to receive behalf of your candidacy. I.D. NUMBER	DITAS DIAND STREET) CITY STATE ZIP Identify the controlling officeholder, candiname of Officeholder, candiname of Officeholder, candiname of Officeholder, candiname of Office Sought or Held I.D. NUMBER BALLOT NO. OR LETTER JURISDICTI Identify the controlling officeholder, candiname of Officeholder, candiname of Officeholder, candiname of Office Sought or Held Office Sought or Held	DOCATION AND DISTRICT NUMBER IF APPLICABLE) PITAS D. AND STREET) CITY STATE ZIP Identify the controlling officeholder, candidate, or state measured in this Statement: List any committees controlled by you or are primarily formed to receive behalf of your candidacy. I.D. NUMBER BALLOT NO. OR LETTER JURISDICTION Identify the controlling officeholder, candidate, or state measured in this Statement: List any committees controlled by you or are primarily formed to receive behalf of your candidacy.	DOCATION AND DISTRICT NUMBER IF APPLICABLE) BALLOT NO. OR LETTER JURISDICTION SI DISTRICT NUMBER IF APPLICABLE) BALLOT NO. OR LETTER JURISDICTION SI DISTRICT NO. IF A DISTRICT NO. IF A DISTRICT NO. IF A DISTRICT NO. IF A		

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA from <u>07/15/2020</u> FORM through <u>09/20/2020</u> I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER **PENDING ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020**

Contributions Received	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	54009	\$\frac{1000}{54009}\$ \$\frac{55009}{0}\$ \$\frac{55009}{0}\$	20. Contributions Received \$
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment Schedule F, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	0	\$\frac{38402}{0}\$ \$\frac{38402}{0}\$ \$\frac{0}{0}\$ \$\frac{0}{38402}\$ \$\frac{0}{0}\$ \$\frac{38402}{0}\$	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement. Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	\$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 54000	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 54009		FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period CALLEGEN

from 07/15/2020 FORM

california 460

SCHEDULE A

through 09/20/2020

Page 4 of 13

I-D-NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Jai Bokey 9503 Hayden Creek Court Prospect KY 40059	VIND COM OTH PTY SCC	VP V-Soft	\$100		
Tingna Xu 2190 Cuesta Dr Milpitas CA 95035	VIND COM OTH PTY SCC	Housemaker	\$100		
Vivian L PO Box 1215 Millbrae CA 94030	✓ IND COM OTH PTY SCC	Business owner	\$250		
Andrew A PO Box 1215 Millbrae CA 94030	VIND COM OTH PTY SCC	Engineer	\$250		
You-Wen Yi 1077 Eagle Ridge Way Milpitas CA 95035	✓ IND COM OTH PTY SCC	Retired	\$100		
	CONTRIBUTOR (IF COMMITTEE. ALSO ENTER I.D. NUMBER) Jai Bokey 9503 Hayden Creek Court Prospect KY 40059 Tingna Xu 2190 Cuesta Dr Milpitas CA 95035 Vivian L PO Box 1215 Millbrae CA 94030 Andrew A PO Box 1215 Millbrae CA 94030 You-Wen Yi 1077 Eagle Ridge Way	CONTRIBUTOR (IF COMMITTEE. ALSO ENTER I.D. NUMBER) Jai Bokey 9503 Hayden Creek Court Prospect KY 40059 Tingna Xu 2190 Cuesta Dr Milpitas CA 95035 Vivian L PO Box 1215 Millbrae CA 94030 Andrew A PO Box 1215 Millbrae CA 94030 Andrew A PO Box 1215 Millbrae CA 94030 Andrew A PO Box 1215 Millbrae CA 94030 You-Wen Yi 1077 Eagle Ridge Way Milpitas CA 95035	CONTRIBUTOR (IF COMMITTEE. ALSO ENTER I.D. NUMBER) Jai Bokey 9503 Hayden Creek Court Prospect KY 40059 Tingna Xu 2190 Cuesta Dr Milpitas CA 95035 Vivian L PO Box 1215 Millbrae CA 94030 Andrew A PO Box 1215 Millbrae CA 94030 Andrew A PO Box 1215 Millbrae CA 94030 You-Wen Yi 1077 Eagle Ridge Way Milpitas CA 95035 CONTRIBUTOR CODE * CODE * CODE * COM OTH PTY SCC VP V-Soft VP V-Soft VP V-Soft Housemaker OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OTH PTY SCC IND COM OTH PTY SCC VIND COM OTH PTY SCC VOU-Wen Yi 1077 Eagle Ridge Way Milpitas CA 95035	CONTRIBUTOR CODE * COUPATION AND EMPLOYER RECEIVED THIS PERIOD	CONTRIBUTOR

SUBTOTAL \$ 800

5	ch	ed	ule	Α	Summary	
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- 2. Amount received this period unitemized monetary contributions of less than \$100 $\frac{200}{100}$

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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			SCHEE	ULE B - PART 1				
Schedule B – Part 1	7	ounts may be rou to whole dollars			Statement cov	ers period	CALIFORN	HA 460
Loans Received					from <u>07/15/2020</u>		FORM 400	
					20/20/20	200	=	12
SEE INSTRUCTIONS ON REVERSE				j	through <u>09/20/20</u>	JZU	Page 5	of 13
NAME OF FILER							I.D. NUMBER	
ELECT SURAJ VISWANATHAN FOR CITY	COUNCIL 2020						PENDING	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE ALSO ENTER LD NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAII OR FORGIVE THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
SURAJ VISWANATHAN	RENEGADE CRICKET			PAID				CALENDAR YEAR
SORA VISWARATTIAN	SELF			s <u>0</u>	s 45000	0 %	\$_45000	s 45000
	SELF			FORGIVEN		RATE		PER ELECTION**
		0	45000	s <u>0</u>	07/20	s_0	07/20	54009
IND COM OTH PTY SCC		,	3	,	DATE DUE	•	DATE INCURRED	,
				PAID				CALENDAR YEAR
				s <u>0</u>	s 9009	0 %	s 9009	s 9009
				FORGIVEN		RATE		PER ELECTION**
		45000	9009	0	08/14	s_0	07/20	54009
TO IND COM OTH PTY SCC		s	\$	\$	DATE DUE	\$ 	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				s	. s	q _E		
				FORGIVEN		RATE	<u> </u>	,
				- PORGIVEN				PER ELECTION"
		\$	s	s	DATE DUE	s	DATE INCURRED	s
IND COM OTH PTY SCC	1						BATE INCOMINED	1
	<u> </u>	SUBTOTALS \$	54009	0	\$ 54009	\$ 0		
Schedule B Summary						(Enter (e) on Sche	dule E, Line 3)	
Loans received this period				c 54	009			
(Total Column (b) plus unitemized loan								
2. Loans paid or forgiven this period		• • • • • • • • • • • • • • • • • • • •		\$ 0			Contributor Codes ND – Individual	•
(Total Column (c) plus loans under \$10	00 paid or forgiven.)						COM – Recipient C	ommittee
(Include loans paid by a third party tha				54	009			PTY or SCC)
3. Net change this period. (Subtract Line				.NET \$			OTH – Other (e.g., PTY – Political Part	
Enter the net here and on the Summar	ry Page, Column A, Line 2.						SCC – Small Contri	
				(1	day be a negative number)	_		

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

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Schedule E Payments Made Amounts may be rounded to whole dollars.			Statement covers period from $\frac{07/15/2020}{}$		FORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through <u>09/20/2020</u>	Page _	6 of 13
NAME OF FILER					I.D. NU	
ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020					PEND	DING
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFC office expeni PET petition circu PHO phone banks POL polling and s POS postage, del PRO professional PRT print ads	nmunications d appearances ses lating s urvey researcl	n Senger services	erwise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production returned condidate travel, lodging, art ransfer between committee voter registration WEB information technology costs	duction cost nd meals and meals as of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)		CODE C	R DE	SCRIPTION OF PAYMENT		AMOUNT PAID
PARAMOUNT COMMUNICATIONS P.O.BOX 88 HOLISTER, CA 95023		CNS				2500
PARAMOUNT COMMUNICATIONS P.O.BOX 88 HOLISTER. CA 95023		ŁIT				4515
PARAMOUNT COMMUNICATIONS P.O.BOX 88 HOLISTER, CA 95023		CNS				2500
* Payments that are contributions or independent expenditures must also	be summarized on Scho	edule D.		SL	JBTOTAL	\$ 9515
Schedule E Summary						
1. Itemized payments made this period. (Include all Schedu	ule E subtotals.)				\$ =	38402
2. Unitemized payments made this period of under \$100					\$	
3. Total interest paid this period on loans. (Enter amount from	om Schedule B, Pai	rt 1, Column	ı (e).)	***************************************	\$_	0.15.090

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SCHE	DITE	EE	(CON	IT Y

Schedule	E
(Continuat	tion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA ACO
07/15/2020 from	FORM 400
through <u>09/20/2020</u>	Page
	I.D. NUMBER

PENDING

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

print ads

PRT

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*

IND independent expenditure supporting/opposing others (explain)*
LEG legal defense

IT campaign literature and mailings

MBR member communications RAD radio airtime and production costs

MTG meetings and appearances
OFC office expenses
OFC petition circulating
OFC phone banks
OFC office expenses
OFC office expenses
OFC office expenses
OFC office expenses
OFC campaign workers' salaries

TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals

TRS office expenses

TRS staff/spouse travel, lodging, and meals

POS postage, delivery and messenger services

TSF transfer between committees of the same candidate/sponsor

PRO professional services (legal, accounting)

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
CHAMBER OF COMMERCE 828 N HILLVIEW DR, MILPITAS. CA 95035	PRT		20
CHAMBER OF COMMERCE 828 N HILLVIEW DR. MILPITAS. CA 95035	PRT		20
THE HOME DEPOT 1177 GREAT MALL DR MILPITAS, CA 95035		HOLDERS FOR SIGNS	121.11
VERTICAL RESPONSE 550 KEARNY ST, #710 SAN FRANCISCO, CA 94108	LIT		160
VERTICAL RESPONSE 550 KEARNY ST, #710 SAN FRANCISCO, CA 94108	LIT		160

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ /8). |

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period 07/15/2020 from	CALIFORNIA 460
through <u>09/20/2020</u>	Page <u>8</u> of <u>13</u>
	I.D. NUMBER
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ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances RFD returned contributions contribution (explain nonmonetary)* OFC office expenses campaign workers' salaries CTB SAL CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks FND fundraising events polling and survey research staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor professional services (legal, accounting) voter registration LEG legal defense VOT WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
BAY AREA NEWS GROUP PO BOX 8005 WILLOUGHBY, OH 44096	PRT		200
BAY AREA NEWS GROUP PO BOX 8005 WILLOUGHBY. OH 44096	PRT		300
BAY AREA NEWS GROUP PO BOX 8005 WILLOUGHBY. OH 44096	PRT		1308
BAY AREA NEWS GROUP PO BOX 8005 WILLOUGHBY, OH 44096	PRT		1480
BAY AREA NEWS GROUP PO BOX 8005 WILLOUGHBY, OH 44096	PRT		750

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 4038

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Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

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ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs RFD returned contributions campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries petition circulating t.v. or cable airtime and production costs CVC civic donations PET TEL candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks TRC FIL. staff/spouse travel, lodging, and meals FND fundraising events polling and survey research TRS transfer between committees of the same candidate/sponsor TSF independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services

VOT voter registration professional services (legal, accounting) LEG legal defense campaign literature and mailings

PRT print ads WEB information technology costs (internet, e-mail)

an campaign iteratare and mainige	, , , , , , , , , , , , , , , , , , ,			- (
NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER LD. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PRINTPAPA 1920 LAFAYETTE STREE, UNIT L SANTA CLARA, CA 95050	LIT			8898
RJAY DILAN JUAREZ 412 DELLBROOK AVENUE SOUTH SAN FRANCISCO. CA 94080	PRT			360
THE MILPITAS BEAT 567 GLASGOW CT MILPITAS, CA 95035	PRT			1250
THE MILPITAS BEAT 567 GLASGOW CT MILPITAS. CA 95035	PRT			720
THE MILPITAS BEAT 567 GLASGOW CT MILPITAS, CA 95035	PRT			2100

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 13328

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	,	_ 1	CONT	

Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

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NAME OF FILER

ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment,

print ads

PRT

CMP campaign paraphernalia/misc. campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)*

LEG legal defense

campaign literature and mailings

MBR member communications RAD radio airtime and production costs MTG meetings and appearances RFD returned contributions OFC office expenses SAL campaign workers' salaries PET petition circulating t.v. or cable airtime and production costs PHO phone banks candidate travel, lodging, and meals

polling and survey research staff/spouse travel, lodging, and meals postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor voter registration professional services (legal, accounting) VOT

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
PRINTPAPA 1920 LAFAYETTE STREE, UNIT L SANTA CLARA, CA 95050	LIT	1559.65
RJAY DILAN JUAREZ 412 DELLBROOK AVENUE SOUTH SAN FRANCISCO, CA 94080	PRT	105
PRINTPAPA 1920 LAFAYETTE STREE, UNIT L SANTA CLARA, CA 95050	LIT	700
PRINTPAPA 1920 LAFAYETTE STREE, UNIT L SANTA CLARA, CA 95050	LIT	572.25
PRINTPAPA 1920 LAFAYETTE STREE, UNIT L SANTA CLARA, CA 95050	LIT	1793.05

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ FPPC Form 460 (Jan/2016))

SCHEDULE E (CONT.)	
	1

Schedule	E
(Continuat	tion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

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ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks TRS staff/spouse travel, lodging, and meals FND fundraising events polling and survey research TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services

VOT voter registration professional services (legal, accounting)

LEG legal defense campaign literature and mailings WEB information technology costs (internet, e-mail) print ads

NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PARAMOUNT COMMUNICATIONS PRT 1174.80 P.O.BOX 88 HOLISTER, CA 95023 PRT RJAY DILAN JUAREZ 15 **412 DELLBROOK AVENUE** SOUTH SAN FRANCISCO, CA 94080 PRINTPAPA LIT 1553.25 1920 LAFAYETTE STREE, UNIT L SANTA CLARA, CA 95050 PRT **FIVERR** 27 P.O.BOX 505000 LOUVILLE, KY 40233 FIL CITY OF MILPITAS 2890 **455 E CALAVARES BLVD** MILPITAS, CA 95035

SUBTOTAL \$

FPPC Form 460 (Jan/2016))

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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SCHEDULE E (C)	1131	

Schedule E	
(Continuation Sheet))
Payments Made	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

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Statement covers period 07/15/2020 from	california 460
through <u>09/20/2020</u>	Page 12 of 13
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ELECT SURAJ VISWANATHAN FOR CITY COUNCIL 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airt me and production costs CMP campaign paraphernalia/misc. RFD returned contributions campaign consultants MTG meetings and appearances CNS office expenses campaign workers salaries CTB contribution (explain nonmonetary)* OFC SAL TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks TRS staff/spouse travel, lodging, and meals polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services IND VOT voter registration professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
NGPVAN 655 15TH STREET NW. #650 WASHINGTON. DC 20005	VOT		500
CALLFIRE ONLINE SERVICE		DIALER SERVICE	50

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule I	E	
(Continuat	ion	Sheet)
Payments	Mad	de

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dolla

SCHEDULE E (CONT.)

ounded ars.	Statement covers period 07/15/2020 from	california 460
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs PET candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FIL TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TSF transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services PRO professional services (legal, accounting) VOT voter registration LEG legal defense campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
SIGNAGE MARYLINN DR, MILPITAS. CA 95035	PRT		100

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

497	Cor	stribu	ution	Rer	ort
471	VVI	IU IV	JUVII	1/6/	<i>,</i>

Amounts may be rounded to whole dollars.

NAME OF FILER SURAJ FOR MILPI	ITAS CITY COUNC	L 2020	Date of This Filing	08/14/2020	Date Stamp	CALIFORNIA 49
AREA CODE/PHONE NUM 4088986537	BER	I.D. NUMBER (# applicable) PENDING	Report No.	1	City Clerk's Office	For Official Use Only
STREET ADDRESS 1461 N MILPITAS	BLVD		Amendment to Report No.		AUG 14 2020	
MILPITAS		STATE ZIP CODE CA 95035	(explain below) No. of Pages	1	RECEIVE	
1. Contribution(s	s) Received				99	
DATE RECEIVED	FULL NA	ME, STREET ADDRESS AND ZIP CODE OF CONTE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	RIBUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMI (IF SELF-EMPLOYED, ENTER NAME OF	
08/10/2020	SURAJ VISWANA 1461 N MILPITAS	THAN BLVD, MILPITAS, CA 95035		IND COM OTH PTY SCC	RENEGADE CRICKET LL	S Check if Loa O Provide interest ra
:		#10 2		IND COM OTH PTY SCC		Check if Loa O Provide Interest re
		**		☐ IND☐ COM☐ OTH☐ PTY☐ SCC	5. 5.	Check if Loa
Reason for Amend	ment:	*.	· \$2		* Contributor Codes IND - Individual COM - Recipient Comm OTH - Other (e.g., busin PTY - Political Party SCC - Small Contributor	

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